

CPCS TELEBILL APPEALS CASES

CLIENT NAME _____

1. Enter your personal 5 digit PIN number. (For security reasons, do not write your PIN on this form.)

2. Enter this case's 8 digit Notice of Assignment Number (NAC#).

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3. Enter case status code 1 = Fiscal Year End 2 = Quarterly Bill 4 = Representation Concluded

4. Enter dates of service and hours to nearest quarter hour (for example: .25, 1.75, .50).

DATE MO DAY YR			A - IN COURT HOURS	A TOTAL 1	B - OUT OF COURT HOURS													B TOTAL 2-13
			1 Hearing/ Argument		2 Record Assem & Rev Tr	3 Conf w/Couns/ Mentor	4 Draft Mot, Lgl Memo	5 Draft App Brief	6 Prep- Arg/ Hrg	7 Court Waiting Time	8 Client Contact	9 Draft Pet- Rehrg/ FAR	10 Legal Research	11 Draft CPCS Appr Fed	12 Travel	13 Other		

4.1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Transfer to line 5 below:

TOTAL ALL "A" IN COURT HOURS _____

TOTAL ALL "B" OUT OF COURT HOURS _____

5. BILLING SUMMARY TOTAL "A" + "B" HOURS _____ x \$ RATE _____ = \$

NOW YOU ARE READY TO TELEBILL - DIAL (617) 350-9700

1	2	3
4	5	6
7	8	9
*	0	#

Star key press as Decimal → Pound key press after you make certain entries ←

ATTORNEY CERTIFICATION

I certify under the pains and penalties of perjury, that I have been appointed to the above case, that I have provided the services and incurred the costs on the dates and for the times listed, and that I have not received nor will accept any other payment for these services. I further certify that I have provided representation consistent with CPCS Performance Guidelines and Standards, and that all charges for legal services on this bill are based upon my contemporaneous time records maintained in accordance with the CPCS Assigned Counsel Manual and regulations.

Pending ☐

Cleared ☐

Late Bill ☐

BILL CONFIRMATION NUMBER

DATE YOU TELEBILLED _____

YOUR SIGNATURE _____

RETAIN THIS ORIGINAL SIGNED TELEBILL FOR A PERIOD OF SEVEN YEARS FROM THE BILL DATE OR THE FISCAL YEAR END DATE WHICHEVER IS LATER.